

**RECEIVED  
UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS**

*Leo D. Brown, III*  
 (full name of plaintiff or petitioner) **CLERK  
U.S. DISTRICT COURT**

**APPLICATION TO PROCEED  
WITHOUT PREPAYING FEES OR  
COSTS / FINANCIAL AFFIDAVIT  
(NON-PRISONER CASE)**

*vs.  
Holy Cross Hospital  
Jackson Park hospital  
North western Memorial Hospital  
Ben Gordon Health Care  
DeKalb, IL.*

Case number:

1:21-cv-06778

Judge Matthew F. Kennelly  
Magistrate Jeffrey T. Gilbert  
CAT 2 / RANDOM

**Instructions:** Please answer every question. Do not leave blanks.  
If the answer is "0" or "none," say so.

**Application:** I am one of the parties in this case. I believe that I am entitled to the relief I am requesting in this case. I am providing the following information under penalty of perjury in support of my request (check all that apply):

- to proceed *in forma pauperis* (IFP) (without prepaying fees or costs)  
 to request an attorney

**FILED**

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*UR*

1. Are you employed?

Yes Name and address of employer: \_\_\_\_\_ THOMAS G. BRUTON  
 CLERK, U.S. DISTRICT COURT

Total amount of monthly take-home pay: \_\_\_\_\_

No Date(s) of last employment: \_\_\_\_\_ Last monthly take-home pay: \_\_\_\_\_

2. If married, is your spouse employed?  Not married

Yes Name and address of spouse's employer: \_\_\_\_\_

Total amount of spouse's monthly take-home pay: \_\_\_\_\_

No Date(s) of spouse's last employment: \_\_\_\_\_ Spouse's last monthly take-home pay: \_\_\_\_\_

3. Other sources of income / money: For the past 12 months, list the amount of money that you and/or your spouse have received from any of the following sources:

Self-employment, business, or profession:

(list the 12-month total for each)

\$ *8*

Income from interest or dividends:

\$ *0*

Income from rent payments:

\$ *0*

Pensions, annuities, or life insurance:

\$ *0*

Disability or worker's compensation:

\$ *0*

Gifts (including deposits into any accounts in your name):

\$ *0*

Unemployment, public assistance, or welfare:

\$ *0*

Settlements or judgments (include any that are expected):

\$ *0*

Any other source of money:

\$ *0*

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4. Cash and bank accounts: Do you and/or your spouse have any money in cash or in a checking or savings account?  Yes  No If yes, how much?

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5. Other assets: Do you and/or your spouse own or have an interest in any real estate (including your home), stocks, bonds, other securities, retirement plans, automobiles, jewelry, or other valuable property (not including ordinary household furnishings and clothing)?  Yes  No

If yes, list each item of property and state its approximate value:

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6. Dependents: Is anyone dependent on you and/or your spouse for support?  Yes  No

If yes, please list their names (for minor children, use only initials); relationship to you; and how much you and/or your spouse contribute toward their support each month:

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7. Debts and financial obligations: List any amounts you owe to others:

Unknown

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8. Provide any other information that will help explain why you cannot afford to pay court fees/hire an attorney:

Currently homeless & applying for disability

**Declaration:** I declare under penalty of perjury that all of the information listed above is true and correct.

I understand that a false statement may result in dismissal of my claims or other sanctions.

Date: 12/17/2021

Applicant's signature  
Leo D. Brown, III  
Printed name